

DIVORCE MEDIATION

INCOME SURVEY

Date _____

Please complete the Income Survey to determine if your divorce mediation session qualifies to be paid in full or in part (up to 4 hours) by the Administrative Office of the Courts. You must provide a copy of both the divorce petition and the answer when you submit this Survey to the Program Coordinator.
(This is a 3 page form so please complete all 3 pages before submitting.)

Case Number _____ Judge/Commissioner _____
City Petition was Filed _____ Date Petition was Answered _____

Petitioner

Respondent

Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Date of Birth	_____	_____
E-Mail Address	_____	_____
Phone Number(s)	_____	_____
Attorney	_____	_____
Atty Address	_____	_____
Atty Phone	_____	_____
Atty E-mail	_____	_____

(Please circle your answers)

Yes	No	<u>Is there a current Protective Order issued between the parties?</u>
Yes	No	<u>Is there a history/allegation of domestic violence?</u>
Yes	No	<u>Are there any special needs to consider before/during the mediation?</u>
If so, please describe _____		

SECTION 1.

HOUSEHOLD INFORMATION

List yourself and all people living with you regardless of age or relationship to you.
If any person is over 18 years of age, list their monthly earnings (before taxes).

	<u>Name</u>	<u>Age</u>	<u>Relationship to You</u>	<u>Monthly Earnings (before taxes)</u>
1.	_____	_____	<u>SELF</u>	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Do you currently pay Child Support for any children? Yes____ No____ If Yes- How Much? _____

SECTION 2.

FINANCIAL INFORMATION

(Please circle your answer)

A. Yes No Are you currently employed?

If currently employed please provide the following:
(If not currently employed, list previous employer)

Employer _____

Address _____

Phone Number _____

Supervisor _____

Hourly Wage \$ _____ Number of hours per week _____

(Please circle your answer)

B. Yes No Do you receive Government Benefits?

Please designate the total monthly amount you receive for everyone living in your household:

Family Employment Program _____

SSI _____

Food Stamps _____

WIC _____

General Assistance _____

Refugee Cash Assistance _____

(Please circle your answer)

C. Yes No Do you receive Other Sources of Income?

Please designate the total monthly amount you receive for everyone living in your household:

Pension Income _____

Rental/Royalty Income _____

Unemployment Compensation _____

Disability Benefits _____

Alimony _____

Self-Employment _____

Farm Income _____

Child Support _____

Social Security Benefits _____

Veteran's Benefits _____

Workman's Compensation _____

G.I. Bill _____

Trust Income _____

Loan Income _____

Stocks/Bonds _____

Inheritance _____

Savings Bonds _____

Job Corp Payments _____

Railroad Retirement _____

Americorp _____

Sales Contract Payments _____

Tribal Benefits _____

SECTION 3. **STATEMENT OF VERIFICATION**

This must be completed and signed before the mediation session to have the fee reduced or waived.

Incomplete or late surveys will not be accepted.

I verify under the penalties of perjury that the figures given above are true and correct, and that if any of these figures change, I will inform the Divorce Mediation Program immediately.

Signature

Date

**Please do not select a mediator or schedule a mediation until this form is processed.
A mediator will be selected and the mediation session will be scheduled with you
once you are notified of your qualification status.**

SECTION 4. **DEMOGRAPHIC SURVEY INFORMATION**

(Participation in the demographic survey is entirely voluntary and will be used for reporting purposes only.)

Race (Please check only one)

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Hispanic |
| <input type="radio"/> Caucasian | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Asian / Asian American | <input type="radio"/> African American |
| | <input type="radio"/> Other / Don't Know |

SECTION 5 **WHERE TO SEND THE SURVEY**

(Please remember to include a copy of the divorce petition and the answer)
(Incomplete Surveys will not be processed)

Please print out the Income Survey and sign it before returning it to:

Natalie Threlkeld
Domestic Mediation Program Coordinator
Administrative Office of the Courts
450 South State
P.O. Box 140241
Salt Lake City, Utah 84114-0241

Phone: (801) 578-3976
FAX (801) 578-3843
Helpline 1-800-620-6318
E-mail: nataliet@email.utcourts.gov
Website: www.utcourts.gov/mediation/divmed/